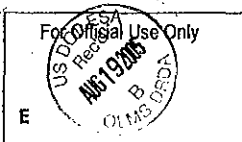


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>16086</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>EILSEN M BRACKENS</u> P.O. Box, Bldg., Room No., if any Street <u>501 THIRD ST NW</u> City <u>WASHINGTON DC</u> State <u> </u> ZIP Code + 4 <u>20001</u>	4. Name, file number, and address of labor organization. Name <u>COMMUNICATION WORKERS OF AMERICA</u> Labor Organization File Number <u>000-188</u> P.O. Box, Building and Room Number, if any Street <u>501 THIRD ST NW</u> City <u>WASHINGTON DC 20001</u> State <u> </u> ZIP Code + 4 <u> </u>
5. Position in labor organization. <u>EX. ASSISTANT TO SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u> </u> ZIP Code + 4 <u> </u>	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Michael M Brackens</u>	On <u>8/12/05</u> <u>202-434-1414</u> Date Telephone Number

Name of Person Filing

Eileen BRACKENS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MFS INVESTMENT MANAGEMENTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 500 BOYLSTON STCity BOSTON MAState ZIP Code + 4 02116

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

INVESTMENT MANAGEMENT11.b. Approximate dollar value of such dealing. APPROX 15,000,000

12.a. Nature of interest held or income received.

LABOR ADVISORY BOARD
MEETING

12.b. Amount.

544.99

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Eileen BRACKENS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11-15 UNION SQUARE

City NEW YORK

State NEW YORK ZIP Code + 4 10003

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

INVESTMENT MANAGEMENT

11.b. Approximate dollar value of such dealing. APPROX 50,000,000

12.a. Nature of interest held or income received.

HOLIDAY GIFT

12.b. Amount.

38.22

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing EILEEN BRACKENS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **SEGAR CO**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **1920 N ST NW**
City **WASHINGTON DC**
State **DC** ZIP Code + 4 **20036**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State **DC** ZIP Code + 4 **20036**

11.a. Nature of such dealing.

ACTUARY SERVICES

11.b. Approximate dollar value of such dealing. **APPROX 270,000**

12.a. Nature of interest held or income received.

BUSINESS LUNCH

12.b. Amount.

71.44

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State **DC** ZIP Code + 4 **20036**

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Eileen BRACKENS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name CALIBRE CPA GROUP Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street 1850 K ST. NW City WASHINGTON DC State DC ZIP Code + 4 20006	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State DC ZIP Code + 4 20006	11.a. Nature of such dealing. AUDITING SERVICES <hr/> 11.b. Approximate dollar value of such dealing. APPROX. 250,000 <hr/> 12.a. Nature of interest held or income received. BUSINESS LUNCHEON <hr/> 12.b. Amount. 39.55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State DC ZIP Code + 4 20006	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing <u>EILEEN BRACKENS</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CALIBRE CPA GROUP

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1850 K STREET NW

City WASHINGTON DC

State _____ ZIP Code + 4 20006

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

AUDITING SERVICES

11.b. Approximate dollar value of such dealing. APPROX. 250,000

12.a. Nature of interest held or income received.

BUSINESS LUNCHEON

12.b. Amount.

39.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>EILEEN BRACKENS</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CALIBRE CPA GROUP

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1850 K ST. NW

City WASHINGTON DC

State _____ ZIP Code + 4 20006

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

AUDITING SERVICES

11.b. Approximate dollar value of such dealing APPROX 250,000

12.a. Nature of interest held or income received.

BUSINESS LUNCHEON

12.b. Amount.

46.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing EILEEN BRACKENS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **CALIBRE CPA GROUP**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **1850 K ST N.W**
City **WASHINGTON DC**
State **ZIP Code + 4 20006**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State **ZIP Code + 4**

11.a. Nature of such dealing.

AUDITING SERVICES

11.b. Approximate dollar value of such dealing. **APPROX. 250,000**

12.a. Nature of interest held or income received.

GET WELL GIFT

12.b. Amount.

69.64

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State **ZIP Code + 4**

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person **ELLEN BRACKENS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **CALIBRE CPA GROUP**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **1850 K ST. N.W.**
City **WASHINGTON DC.**
State **DC** ZIP Code + 4 **20006**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State **DC** ZIP Code + 4 **20006**

11.a. Nature of such dealing.

AUDITING SERVICES11.b. Approximate dollar value of such dealing. **APPROX. 250,000**

12.a. Nature of interest held or income received.

BUSINESS HOLIDAY LUNCHEON

12.b. Amount.

75.25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State **DC** ZIP Code + 4 **20006**

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.